Approved, SCAO OSM CODE: DIO

STATE OF MICHIGAN PROBATE COURT COUNTY

ORDER FOLLOWING HEARING ON PETITION FOR DISCHARGE FROM TREATMENT

CIF	RCUIT COURT -	FAMILY DIVISION						
In the n	natter of							
1. Date	of Hearing: _			Judge:				Bar no.
						reque	sting that the	
		arged from the tre	atment program.					
THE C	OURT FINDS:	•						
	_	nas been given ac was present ir was not prese	court.	ted on the record.	The he	aring was	☐ with	a jury.
Pres	sent were:					, atto	rney for the in	dividual, and
						, atto	rney for the ho	osptial.
☐ Te	estimony was	waived and the pander a one year o	arties consented tr der of involuntary	o entry of the order. mental health treatr	ment.			
		r and convincing e al no longer is a pe		individual has a men eatment.	ital illness an	d continue	s to require tr	eatment.
IT IS O	RDERED:							
	he individual b e treatment pr	-	1				hospital aı	nd/or from
☐ 9. Th	he order requi	ring involuntary m	ental health treati	ment is continued.				
		e hospitalized at od not to exceed o		date of this order.			hospital unde	r a continuing
	he individual u ate of this orde	•	hospitalization a	nd alternative treatm	ent for a peri	od not to e	exceed one ye	ar from the
H	ospitalization	at				s	shall not excee	ed 90 days.
Al	Iternative treat	tment shall be und	ler the supervisio	n of	☐ commu	•	al health servi	
_					∐ a ment	al health a	gency or profe	essional
as	s follows:			E SEE OTHER SIDI	E)			

Do not write below this line - For court use only

10. (cor	ntinued)
-	
of	ne individual be discharged from the hospital and undergo an alternative treatment program under the supervision community mental health services program a mental health agency or professional
10	r a period not to exceed one year, as follows:
Date	Judge